

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P96000090486**

1. Entity Name  
**PMI GLOBAL MARKETING CORP.**



Principal Place of Business  
**DELRAY HARBOR CLUB  
1035 SOUTH FEDERAL HWY., APT. 211  
DELRAY BEACH, FL 33483**

Mailing Address  
**%PROFIT MOTIVATORS  
6709 BROOKLAWN PKWY  
SYRACUSE, NY 13211 US**



01252008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|   |  |
|---|--|
| 4. FEI Number<br><b>65-0721109</b>                                      | Applied For<br>Not Applicable            |
| 5. Certificate of Status Desired<br><input checked="" type="checkbox"/> | <b>\$8.75</b> Additional<br>Fee Required |

**6. Name and Address of Current Registered Agent**

**HOROWITZ, JERALD I  
DELRAY HARBOR CLUB  
1035 SOUTH FEDERAL HWY., APT. 211  
DELRAY BEACH, FL 33483**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000845558

03/14/08-80002-023 158.75

**10. OFFICERS AND DIRECTORS**

|                |                         |
|----------------|-------------------------|
| TITLE          | P                       |
| NAME           | HOROWITZ, JERALD I      |
| STREET ADDRESS | 1035 S FEDERAL HWY #211 |
| CITY-ST-ZIP    | DELRAY BCH, FL          |

|                |                             |
|----------------|-----------------------------|
| TITLE          | V                           |
| NAME           | HOROWITZ, RICHARD D.        |
| STREET ADDRESS | 1200 S. FLAGLER DRIVE #1504 |
| CITY-ST-ZIP    | W. PALM BEACH, FL 33401     |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
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|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Jerald Horowitz  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/08  
Date

561.274.9909  
Daytime Phone #